

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033357

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 355

FILED SEP 3 1963

1. PLACE OF DEATH a. COUNTY St. Francois.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Bonne Terre, Mo.		c. CITY OR TOWN Elvins, Mo	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE B.T. Hospital.		d. STREET ADDRESS Hampton St.	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) John Seborm Merritt		4. DATE OF DEATH Month Aug Day 19 Year 1963.	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan 7, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Miner.	9. AGE (last birthday) 72.
11a. FATHER'S NAME Wiseman Merritt.		11b. MOTHER'S MAIDEN NAME Alice Rollins.	11. BIRTHPLACE (City and state or country) Pan Handle Texas.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. [REDACTED]	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Wiseman Merritt.		13b. MOTHER'S MAIDEN NAME Alice Rollins.	14. NAME OF HUSBAND OR WIFE Katheryn Merritt.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Epidermoid Carcinoma to liver		INTERVAL BETWEEN ONSET AND DEATH 3 mo	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Epidermoid Carcinoma Face		about 4 years	
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE. HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Farmington, Mo		
21. I attended the deceased from 9-9-63 to 8-19-63 and last saw him alive on 8-18-63		22c. DATE SIGNED 8-20-63	
Death occurred at 8-14-63 1 40/A m on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS Farmington, Mo	
22a. SIGNATURE [Signature]		22c. DATE SIGNED 8-20-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-21-63	23c. NAME OF CEMETERY OR CREMATORY OddFellow Cemetery.	23d. LOCATION (City, town, or county) Bismarck, Mo.
24. FUNERAL DIRECTOR Caldwell Funeral Home Flat River, Mo		25. DATE RECD. BY LOCAL REG. Aug 20, 1963	26. REGISTRAR'S SIGNATURE Esther Rindloff

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Donald Dale Caldwell

Licensed Embalmer No.

5095

P. O. Address

Flat River, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.